

CHAPTER 12 — ELECTRONIC MEDIA REPORTING

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1200 Getting Started with Electronic Media Reporting

ETF strongly encourages employers to electronically report their ongoing transactions, including enrollments and annual WRS data. Electronic media reporting expedites processing and reduces the risk of human and data entry errors.

ETF requires that employers with 250 or more employees report annual WRS transactions via electronic media (disk, FTP, etc.). This requirement is provided for in Wis. Admin. Code ETF 10.60.

Contact the Employer Communication Center at (608) 264-7900 to receive instructions on submitting test data on electronic media if you are planning to begin reporting electronically. Please allow 30 days for the test submission and subsequent approval process. Test data should be submitted at least three to five months prior to the first submission of the WRS annual report.

1201 File Content Requirements

The file content must follow the data format specifications as stated in Subchapter 1205. Deviations from the prescribed formats will not be accepted. Files with unrecognized data or critical errors will not be processed. Diskette reporters will be asked to submit a corrected diskette.

Employers are responsible for keeping a copy of all files sent to ETF so if a problem is encountered the employer can correct and resubmit a new file to ETF in a timely manner. Subchapter 1205 contains the data format specifications. Electronic reports that deviate from the prescribed format will be returned for correction.

1202 Transmitting Electronic Media to ETF

An *Electronic Reporter Transmittal (ET-2536)* must accompany each file submitted to ETF (see Subchapter 1206 for a sample). The WRS agent must sign this report. Also include the name and telephone number of the person responsible for the data on the file. Copies of the transmittal can be obtained by:

- Photocopying the form in Subchapter 1206.

- Printing a copy from the Employer Section of our Internet site at <http://etf.wi.gov>.
- Calling ETF Supply and Mail Services at (608) 266-3302 to place an order.

Send the file along with the *Electronic Reporter Transmittal* report to:

Wisconsin Department of Employee Trust Funds
Division of Information Technology
P.O. Box 7931
Madison, WI 53707-7931

1203 Specifications for File Transfer Protocol (FTP) Reporting

File Transfer Protocol (FTP) allows the transmission of confidential data through a secure Internet site. FTP transmission provides a more efficient method for submitting data to ETF. Employers may use FTP reporting to submit WRS *Employee Transaction Report* data, including:

- Annual Reporting;
- Termination Reports;
- Corrections to current year transaction reports;
- Late reported (prior year) earnings and/or service;
- Enrollments.

NOTE: An electronic version of the *Electronic Reporter Transmittal* (ET-2536) must also accompany the FTP file. FTP transmittals need not be signed, but must include the name of the WRS agent, and the name and telephone number of the person responsible for the data.

In order to utilize FTP, you must install the necessary software on your computer system. ETF has purchased the hardware and software to implement the FTP method of transmission and will provide employers with the necessary software and software licenses, **free of charge**.

Employers interested in using FTP should contact the Employer Communication Center at (608) 264-7900.

1204 Specifications for Disk Reporting

DISK FORMATS:

We can process disks in the following formats:

IBM PC-DOS or MS-DOS compatible:
3.5 inches, double-sided, 1.44MB
CD-ROM

RECORDING MODE:

ASCII standard code

RECORD LENGTH:

360 bytes per record, fixed length

FILE NAME:

Use **WRS** and the first four digits of your Employer Identification Number (EIN). If your EIN is 4623000 then file name would be WRS4623.

A disk may consist of multiple files as long as the following file name conventions are adhered to:

If a disk consists of more than one file, the file name WRS4623 will contain a three digit numeric extension. This extension will indicate the sequence of the files within the disk. For example, the first file will be named WRS4623.001, the second file will be WRS4623.002, etc.

DISK LABEL:

A label must be properly secured to the disk and show the internal file name, your employer number and reporting period (monthly, annual, etc.). Sample:

File Name WRS4623
EIN: 4623000
Report Period: 10/2000 Monthly or 12/31/2000 Annual

WRITE-PROTECT:

All disks must be write-protected prior to submitting to ETF.

RETURNS:

Once the disk files have been processed, they are retained for three months and then destroyed. The disk will not be returned.

1205 Data Description and Format for Ongoing Transactions and Annual Reporting

Refer to the Data Type Legend at the end for further explanation.

<u>No./Name</u>	<u>Positions</u>	<u>Length</u>	<u>Data Type</u>	<u>Description</u>
1 Social Security Number	1-9	9	Numeric	The Social Security number of the participant. It must be numeric; an interim number of all zeroes or alphabetic characters cannot be used.
2 Social Security Number Tie Breaker	10	1	Unspecified	Leave blank. If it is necessary to use this field, please contact Dale Ferron at (608) 266-0728 for instructions/approval.
3 Employer Identification Number (EIN)	11-17	7	Numeric	The seven-digit EIN assigned by the Social Security Administration as shown on your <i>WRS Monthly Retirement Remittance Report</i> . <u>The 69-036 prefix should not be included.</u> For all local government employers (except Milwaukee Public Schools), <u>the last three digits of the seven-digit EIN must be zero filled.</u>
4 Report Date	18-25	8	Numeric	Enter the date of the payroll transaction (CCYYMMDD). See Chapters 8 and 9 for complete explanation.
5 Statement of Benefit Distribution Code	26-33	8	Unspecified	Optional. A maximum of an eight digit code to sort Statement of Benefits into the employers' desired mailing units. This field must be left justified and blank filled if less than eight digits.
6 Transaction Identifier	34	1	Alpha	Constant P.
7 Transaction Type	35-37	3	Numeric	<p>000 Annual hours and earnings for employees not terminated or not on leave of absence. Action date should be 12/31 of the year you are reporting (CCYY/12/31). Hours and earnings must be reported.</p> <p>001 Resignation or retirement terminations.</p> <p>003 Enrolled in WRS, but is not eligible (i.e., the employee works less than 30 calendar days or is an active employee or a rehired annuitant enrolled in error). You should reimburse the employee for any WRS contributions taken as a payroll deduction. Refer to Subchapter 303 for an exception for rehiring employees.</p> <p>004 Terminated due to a non-work related illness or injury. Must be used to terminate an employee for WRS purposes only when ETF notifies you that the employee is approved for a WRS disability annuity.</p> <p>005 Dismissed or discharged.</p> <p>006 Termination due to an employee's death. The date of death on the death certificate must be used for the action date.</p> <p>007 Termination for a local elected official who is waiving part-time elected service for WRS purposes only. Refer to Chapter 15 for more information.</p> <p>008 Terminated due to a work-related illness or injury. Must be used to terminate an employee for WRS purposes only when ETF notifies you that the employee is approved for a WRS disability annuity.</p>

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<u>No./Name</u>	<u>Positions</u>	<u>Length</u>	<u>Data Type</u>	<u>Description</u>
				010 Changing employment category due to a <u>change in job duties</u> . This action code will terminate the old category and create the new category. Hours and earnings associated with the old category are reported with this transaction. The new category must be listed in the new employment category code column (positions 287-288). The action date is the effective date of the category change.
				022 Grievance settlement results in reporting hours, earnings and/or employee-paid contributions. Submit a copy of the settlement to ETF.
				023 Retroactive contract settlement for prior years. Enter retroactive earnings and associated employee-paid contributions with a separate entry for each affected year.
				024 Corrects previously reported hours only for prior years.
				027 Subtracts over-reported hours, earnings and/or employee-paid contributions for prior years.
				028 Employment category change reporting hours, earnings and/or employee-paid contributions for prior years.
				029 Omitted, invalid or incomplete hours, earnings and/or employee-paid contributions for prior years.
				031 Name correction or change.
				033 Begin date change.
				034 Statement of benefits code change.
				035 ETF employer number change.
				036 Sex change.
				040 Informal leave of absence with no annual earnings. Action date must be left blank and last earnings date listed. No hours and earnings are reported with this action code.
				050 Military leave of absence at yearend. Action date must be left blank and last earnings date listed. If the employee had hours and earnings for the year reported, they must be indicated.
				051 Unpaid leave of absence at yearend. Action date must be left blank and last earnings date listed. If the employee had hours and earnings for the year reported, they must be indicated.
				053 Layoff at yearend. Action date must be left blank and last earnings date listed. If the employee had hours and earnings for the year reported, they must be indicated.

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No./Name	Positions	Length	Data Type	Description	
				054 Leave of absence due to a non-work related illness or injury. Action date must be left blank and last earnings date listed. Once this code is reported, nothing more is reported until the employer returns to active employment or is terminated. See Subchapter 1800 relating to a leave of absence beyond three years.	
				058 Leave of absence due to a work related illness or injury. Action date must be left blank and last earnings date listed. Once this code is reported, nothing more is reported until the employee returns to active employment or is terminated. See Subchapter 1800 relating to a leave of absence beyond three years.	
				059 Deemed military service under the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA). Refer to Chapter 22 for special reporting requirements.	
				060 New employee.	
				063 Employment category correction.	
NOTE:	Transaction types 08X's should include only the difference between what was originally reported and what should have been reported. See Chapters 8 and 9 for further explanation.				
				080 Correct previously submitted 000 entry on the annual report.	
				081 Correct previously submitted 001 termination.	
				083 Correct previously submitted 003 termination.	
				084 Correct previously submitted 004 termination.	
				085 Correct previously submitted 005 termination.	
				086 Correct previously submitted 006 termination.	
				087 Correct previously submitted 007 termination.	
				088 Correct previously submitted 008 termination.	
				089 Correct previously submitted 054 and 058 transactions.	
8	Action Date	38-45	8	Numeric	Enter the four-digit year, month and day on which the action occurred or affects (CCYYMMDD). See Chapters 5, 8, 9 and 10 for complete explanation.
9	Last Earnings Date	46-53	8	Numeric	Must be zero filled if this transaction type does not apply. See Chapters 8 and 9 prior to use of this date (CCYYMMDD).
10	Employment Category	54-55	2	Numeric	The employment categories are: 00 General Employee 01 Court Reporter 02 State Executive Retirement Plan 03 Protective With Social Security 04 Protective Without Social Security 05 Supreme Court Justice

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<u>No./Name</u>	<u>Positions</u>	<u>Length</u>	<u>Data Type</u>	<u>Description</u>
				06 Legislator or State Constitutional Officer
				07 Appellate Judge
				08 Circuit Court Judge
				09 Local Elected Official
				10 Teacher
				11 State Executive Retirement Plan Teacher
				12 Educational Support Personnel
11 Employee Name Last	56-72	17	Unspecified	Employee's last name.
12 Employee Name First	73-87	15	Unspecified	Employee's first name.
13 Employee Name Middle Initial	88	1	Unspecified	Employee's middle initial.
14 Sex Indicator	89	1	Alpha	M = Male F = Female
15 Birthdate	90-97	8	Numeric	Enter the four-digit year, month and day of the employee's birthdate (CCYYMMDD).
16 Fiscal Year Hours	98-104	7	Numeric	For anyone other than teachers, judges and educational support personnel, the fiscal year data should be zero filled. <u>FOR TEACHERS, JUDGES AND EDUCATIONAL SUPPORT PERSONNEL ONLY:</u> The data shown in this field is the portion of fiscal year hours paid from 01-01-CCYY to 06-30-CCYY of the calendar year being reported. Report hours of service to the nearest hour. For example, 880 hours would be reported as 0088000 without the decimal point.
17 Fiscal Year Earnings	105-113	9	Numeric	For anyone other than teachers, judges and educational support personnel, the fiscal year data should be zero filled. <u>FOR TEACHERS, JUDGES AND EDUCATIONAL SUPPORT PERSONNEL ONLY:</u> The data shown in this field is the portion of fiscal year earnings paid from 01-01-CCYY to 06-30-CCYY of the calendar year being reported. Report earnings (dollars and cents). As an example, 13,580.64 would be reported as 001358064 without the decimal point.
18 Calendar Year Hours	114-120	7	Numeric	<u>Calendar Year to Date:</u> Enter the hours for which paid from 01-01-CCYY to date of 12-31-CCYY for annual transactions or the actual termination date. This applies to <u>all</u> employees, including fiscal year employees. Report hours of service to the nearest hour. For example, 2080 hours would be reported as 0208000 without the decimal.
19 Calendar Year Earnings	121-129	9	Numeric	<u>Calendar Year to Date:</u> Enter the earnings for paid from 01-01-CCYY to date of 12-31-CCYY for annual transactions or the actual termination date. This applies to <u>all</u> employees including fiscal year employees. Report earnings (dollars and cents). For example, 27,161.28 would be reported as 002716128 without the decimal.

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<u>No./Name</u>	<u>Positions</u>	<u>Length</u>	<u>Data Type</u>	<u>Description</u>
20 Employee Required Contributions Employee Paid	130-136	7	Numeric	<p>If you do not deduct anything from the employee's paycheck for this, you must zero fill.</p> <p>Enter the amount of money actually deducted from the employee's paychecks toward the Employee Required Contributions. This amount can never exceed the maximum contribution for the category reported. Do not include the amount of Employee Required Contributions paid by the employer or the amount deducted for the Benefit Adjustment Contribution. Report contributions (dollar and cents). For example, \$135.80 would be reported as 0013580 without the decimal.</p>
21 Benefit Adjustment Contributions Employee Paid	137-143	7	Numeric	<p>If you do not deduct anything from the employee's paycheck for this, you must zero fill.</p> <p>Enter the amount of money actually deducted from the employee's paychecks toward the Benefit Adjustment Contribution. This amount can never exceed the maximum contribution for the category reported. Do not include the amount of Benefit Adjustment Contributions paid by the employer or the amount deducted for the Employee Required Contributions. Report contributions (dollar and cents). For example, \$13.58 would be reported as 0001358 without the decimal.</p>
22 Additional Contributions Fixed	144-150	7	Numeric	Additional fixed contributions made by employee. For detailed explanation see Subchapter 1101. If nothing, must be zero filled.
23 Additional Contributions Variable	151-157	7	Numeric	Additional variable contributions made by employee (if applicable). For detailed explanation see Subchapter 1101. If nothing, must be zero filled.
24 Tax Deferred (Sheltered) Additional Fixed	158-164	7	Numeric	Tax deferred fixed contributions made by the employee. For detailed explanation see Subchapter 1101. If nothing, must be zero filled.
25 Tax Deferred (Sheltered) Additional Variable	165-171	7	Numeric	Tax deferred variable contributions made by the employee (if applicable). For detailed explanation see Subchapter 1101. If nothing, must be zero filled.
26 Employer Paid Additional Fixed	172-178	7	Numeric	Additional fixed contributions paid by the employer for the employee. For detailed explanation see Subchapter 1101. If nothing, must be zero filled.
27 Employer Paid Additional Variable	179-185	7	Numeric	Additional variable contributions paid by the employer for the employee (if applicable). For detailed explanation see Subchapter 1101. If nothing, must be zero filled.
28 Home Address Street -1	186-210	25	Unspecified	Home address for employee.
29 Home Address Street - 2	211-235	25	Unspecified	Home address for employee.
30 Home Address City	236-250	15	Unspecified	Home address for employee.
31 Home Address State	251-252	2	Alpha/Blank	Home address for employee.
32 Home Address Zip Code	253-257	5	Numeric/ Blank	Home address for employee.
33 Home Address Expanded Zip Code	258-261	4	Numeric/ Blank	This is the additional four-digit code. Include the extended four-digit code if available.
34 Home Address Foreign Country	262-271	10	Unspecified	Home address for an employee living outside the U.S. only. If it is necessary to use this field, please contact Dale Ferron at (608) 266-0728 for approval.

<u>No./Name</u>	<u>Positions</u>	<u>Length</u>	<u>Data Type</u>	<u>Description</u>
35 Home Address Foreign Zip Code	272-286	15	Unspecified	Home address for an employee living outside the U.S. only. If it is necessary to use this field, please contact Dale Ferron at (608) 266-0728 for approval.
36 New Employment Category	287-288	2	Numeric/Blank	The employee's new employment category when reporting a 010 transaction. For all other transactions, leave blank.
37 Filler	289-346	58	Blank	This field must be blank.
38 Date Stamp	347-354	8	Numeric	Enter the file creation date (CCYYMMDD).
39 Time Stamp	355-360	6	Numeric	Enter the file creation time (HHMMSS).

Data Type Legend

Numeric = Field must be numeric, right justified and zero-filled if no data to report or required.

Unspecified = Any combination of characters allowed - alpha/numeric/blank.

Numeric/Blank = Field must be numeric, right justified or blank-filled if no data to report or required.

Alpha/Blank = Field must be alphabetic or blank filled if no data to report.

Blank = Field must be blank.

Alpha = Field must be alphabetic.

1206 Electronic Reporter Transmittal (ET-2536)

Department of Employee Trust Funds
WISCONSIN RETIREMENT SYSTEM
P. O. Box 7931 — Madison, WI 53707-7931

ELECTRONIC REPORTER TRANSMITTAL
Totals of Records Included

<input type="checkbox"/> Transaction Report <input type="checkbox"/> Late Reported Earnings		Check one: <input type="checkbox"/> Annual Report <input type="checkbox"/>		Employer Identification No. 69-036-	Employer Name	Report Date
Employment Category	CALENDAR YEAR-TO-DATE		EMPLOYEE PAID CONTRIBUTIONS		ADDITIONAL CONTRIBUTIONS	
	Hours of Service	Earnings	Employee Required Contribution	Benefit Adjustment Contribution	Employee Paid	Employer Paid
00, 01 (Includes 12)	Dollars	Cents	Dollars	Cents	Fixed Dollars	Fixed Dollars
02 (Includes 05, 06, 07, 08, 09)	Dollars	Cents	Dollars	Cents	Variable Dollars	Variable Dollars
03	Dollars	Cents	Dollars	Cents	Fixed Dollars	Fixed Dollars
04	Dollars	Cents	Dollars	Cents	Variable Dollars	Variable Dollars
10	Dollars	Cents	Dollars	Cents	Fixed Dollars	Fixed Dollars

TEACHERS		TEACHERS ONLY:		EDUCATIONAL SUPPORT PERSONNEL	
FISCAL YEAR		CALENDAR YEAR		FISCAL YEAR	
Employment Category	1-1- thru 6-30-	1-1- thru 12-31-	1-1- thru 6-30-	Employment Category	1-1- thru 6-30-
	Hours of Service	Fixed Dollars	Variable Dollars		Hours of Service
10	Dollars	Cents	Dollars	12	Cents

I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent claims on this form, and hereby certify that, to the best of my knowledge and belief, the above information is true and correct. The totals reported here are the same as those on the magnetic media records.	
Employer Agent Signature	Date
D.P. Contact Person	Area Code and Telephone No.